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Initial Submittal Date \_\_\_\_\_  
Revision Date \_\_\_\_\_  
Notification # \_\_\_\_\_ - \_\_\_\_\_

Kentucky Division for Air Quality  
803 Schenkel Lane  
Frankfort, KY 40601  
Phone (502)573-3382; Fax (502)573-3787

DEP 7036 Rev. 4-98

OFFICE USE ONLY

ID # \_\_\_\_\_  
LOG # \_\_\_\_\_

## NOTIFICATION OF ASBESTOS ABATEMENT/DEMOLITION/RENOVATION

(Instructions for completing form on back)

**Contractor** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

**Owner** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

**Project Location** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Facility Age (yrs.) \_\_\_\_\_ Size of Facility or Affected Part (sq.ft.) \_\_\_\_\_

#Floors Affected \_\_\_\_\_ Present and Prior Use of Facility \_\_\_\_\_

### TYPE OF PROJECT (CHECK ONLY ONE):

Renovation \_\_\_\_\_ Demolition \_\_\_\_\_ Ordered Demolition \_\_\_\_\_ Emergency \_\_\_\_\_ Long-term \_\_\_\_\_

### PROJECT DATES:

Start Removal \_\_\_\_\_ End Removal \_\_\_\_\_

Start Renovation/Demolition \_\_\_\_\_ End Renovation/Demolition \_\_\_\_\_

### Amount of ACM to be Removed:

	Regulated ACM (RACM)	Category II nonfriable ACM (optional)	Category I nonfriable ACM (optional)
linear ft.			
square ft.			
cubic ft.			

**Description** of planned renovation/demolition, including abatement methods & demo/reno methods. \_\_\_\_\_

**Description** of affected facility components \_\_\_\_\_

**Asbestos** detection technique \_\_\_\_\_

**Amount of Cat. I & II nonfriable ACM** involved but will not be removed: \_\_\_\_\_

Describe **physical characteristics** that make it nonfriable and **methods** to keep it nonfriable (optional): \_\_\_\_\_

Describe **contingency plan** should nonfriable ACM become friable or additional ACM be uncovered during renovation/ demolition: \_\_\_\_\_

**Transporter** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Disposal Site** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify that at least one person trained as required by 40 CFR 61.145(c)(8) will supervise the abatement work described herein. (optional for strictly non-friable work)

**Submitted by:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_